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| PATENT APPLICATION FEE DETERMINATION RECOR |
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Effective January 1, 2003

| Application | n or Docket Number |
|-------------|--------------------|
| 11:10       | n or Docket Number |
| (1/1/1-     | D. XO 2017         |

| CLAIMS AS FILED - PART I<br>(Column 1)  |   |                    | l<br>(Colu                     | mn 2)       |                               | SMALL ENTITY TYPE                            |                  |       | OTHER THAN<br>OR SMALL ENTITY |                          |                |                     |                         |
|---|---|--------------------|--------------------------------|-------------|-------------------------------|--|------------------|-------|-------------------------------|--------------------------|----------------|---------------------|-------------------------|
| ТО  | TOTAL CLAIMS 30   |                    |                                | 1           | RATE                          | FEE  | 1                | RATE  | FEE                           |                          |                |                     |                         |
| FO  |   |                    | NUMB                           | ER EXTRA    |                               | BASIC FEE                                    | 375.00           | OR    | BASIC FEE                     | 750.00                   |                |                     |                         |
| то  | TAL CHARGEA   | BLE CL             | AIMS                           | 30 min      | us 20=                        | • '()  |                  |       | X\$ 9=                        |                          | OR             | X\$18=              | 180                     |
| IND   | EPENDENT CL   | AIMS               |                                | 3 mi        | nus 3 =                       | *  |                  |       | X42=                          |                          | OR             | X84=                |                         |
| ΜU  | LTIPLE DEPEN  | DENT C             | LAIM PI                        | RESENT      |                               |  |                  |       | +140=                         |                          | OR             | +280=               |                         |
| * If the difference in column 1 is less than zero, enter                              |   |                    |                                | r "0" in c  | olumn 2                       | ı  | TOTAL            |       | OR                            | TOTAL                    | 430            |                     |                         |
| (Column 1) (Column 2) (Column 3   |   |                    |                                |             |                               | (Column 3)                                   | )                | SMALL | ENTITY                        | OR                       | OTHER<br>SMALL |                     |                         |
| AMENDMENT A   |   | CLA<br>REMA<br>AFI | IMS<br>INING<br>TER<br>DMENT   |             | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                                 | PRESENT<br>EXTRA |       | RATE                          | ADDI-<br>TIONAL<br>\ FEE |                | RATE                | ADDI-<br>TIONAL<br>NFEE |
| NDN   | Total   | *                  | <u> </u>                       | Minus       | 3                             | <u>0                                    </u> | =                | ]     | X\$ 9=                        |                          | OR             | X\$18=              |                         |
| AME   | Independent   | *                  | 10514                          | Minus       | *** 2                         | 7<br>>                                       | =                |       | X42=                          |                          | OR             | X84=                |                         |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                    |                                |             |                               |  | ,<br>1           | +140= |                               | OR                       | +280=          |                     |                         |
|   |   |                    |                                |             |                               |  |                  |       | TOTAL<br>ADDIT, FEE           |                          | OR             | TOTAL<br>ADDIT, FEE |                         |
| (Column 1) (Column 2) (Column 3)  |   |                    |                                |             |                               |  |                  |       | ADDII: 1 E.E.                 |                          |                | 7.0011.12.          | 7                       |
| AMENDMENT B   |   | REMA<br>AF         | IIMS<br>IINING<br>TER<br>DMENT |             | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                                 | PRESENT<br>EXTRA |       | RATE                          | ADDI-<br>TIONAL<br>FEE   |                | RATE                | ADDI-<br>TIONAL<br>FEE  |
| NON   | Total   | *                  |                                | Minus       | **                            |  | =                |       | X\$ 9=                        |                          | OR             | X\$18=              |                         |
| AME   | Independent   | *                  |                                | Minus       | sirk                          |  | <u> </u>         |       | X42=                          |                          | OR             | X84=                |                         |
| Ľ   | FIRST PRESE   | NTATIO             | N OF MI                        | JLTIPLE DEF | PENDENT                       | CLAIM  |                  | ┛     | +140=                         |                          | OR             | +280=               |                         |
| TOTAL   |   |                    |                                |             |                               |  |                  |       |                               |                          | TOTAL          |                     |                         |
| ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE                     |   |                    |                                |             |                               |  |                  |       |                               |                          |                |                     |                         |
| AMENDMENT C   |   | REMA<br>AF         | UMS<br>UNING<br>TER<br>DMENT   |             | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                                 | PRESENT<br>EXTRA |       | RATE                          | ADDI-<br>TIONAL<br>FEE   |                | RATE                | ADDI-<br>TIONAL<br>FEE  |
| NON   | Total   | *                  |                                | Minus       | **                            |  | =                |       | X\$ 9=                        |                          | OR             | X\$18=              |                         |
| ME  | Independent   | *                  |                                | Minus       | ***                           |  | =                | ↓ Ì   | X42=                          |                          | OR             | X84=                |                         |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |                    |                                |             |                               |  | L                | +140= |                               |                          | +280=          |                     |                         |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |                    |                                |             |                               |  |                  |       |                               |                          |                |                     |                         |
| ***   | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                    |                                |             |                               |  |                  |       |                               |                          |                |                     |                         |